

FEB 17 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

2242

1. PLACE OF DEATH

County Meru  
Township Lindley  
City                      (No.                     )

Registration District No. 558  
Primary Registration District No. 8752

File No.                       
Registered No. 5  
St.                      Ward                     

2. FULL NAME

Ernest B Hallerogt

(a) Residence, No.                      St.                      Ward                       
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Hallerogt  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 1892  
7. AGE YEARS 44 MONTHS 6 DAYS 10 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1937  
22. I HEREBY CERTIFY, that I attended deceased from                     , 19                     , to                     , 19                     .  
I last saw h.                      alive on                     , 19                     . Death is said to have occurred on the date stated above, at                      m.  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                       
10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

Shot in the temple with a 22 short rifle; accidental while out hunting.  
Date of onset                     

12. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

Other contributory causes of importance:                     

13. NAME George Hallerogt

Name of operation none Date of                     

14. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)

What test confirmed diagnosis? Phys. Was there an autopsy?                     

15. MAIDEN NAME Mary Henderson

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?                      Date of injury                     , 19                     

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

Where did injury occur?                      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs Lula Hallerogt (ADDRESS) Pleasant, Ind.

Manner of injury                     

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury                     

PLACE Bethel DATE Jan 20 1937

19. UNDERTAKER Noel Mass (ADDRESS) Greensburg, Mo.

24. Was disease or injury in any way related to occupation of deceased? Y  
If so, specify                     

20. FILED 710 1937 J M Paff Registrar

(Signed) James H. Somerville Coroner  
(Address) Meru, Mo.

